

# The Health Needs of Diverse Older Adults Being Served by the HRSA Geriatric Workforce Enhancement Program (GWEP) in Orange County, California

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## Introduction

- The growing diversity in our aging population has implications for our healthcare system – specifically the workforce’s preparedness to provide culturally responsive care to underserved, ethnically diverse older adults.
- To address this potential gap, we built a strong partnership between an academic campus, including schools of Medicine and Nursing, and community-based service providers to train healthcare professionals and community healthcare workers to better serve ethnically diverse older adults.

## Purpose

- To identify and describe underserved seniors’ perceptions on health/illness and their experiences with healthcare services in the United States.

## Methods

- One-on-one, semi-structured interviews were conducted with 10 Vietnamese, 10 Korean, and 10 Hispanic elders (≥65) living in Orange County (OC), CA
- Each individual interview was approximately one hour conducted by bilingual interviewers.
- Interviews were recorded and transcribed verbatim.
- Data were coded using thematic coding with team of 4 coders.
- Recruitment:
  - Vietnamese elders: Vietnamese community centers in OC
  - Latino elders: University of California Irvine (UCI) Federally Qualified Family Health Center and a local charter school, in Santa Ana, CA
  - Korean elders: Korean community centers in OC, UCI Senior Health Center, and local senior centers in OC.

### Interview Topics

- Health and illness
- Challenges with aging (Geriatric syndrome)
  - Depression, anxiety, memory problems, elder abuse, end-of-life, cancer, urinary incontinency, and caregiving
- Community support
- Healthcare experiences in the United States (US)

*“Some seniors cannot live with their children because their children have their own family or they have problems with their children in-law. For that reason, they have to move out. When they feel sick, they are **afraid and worried** because no one will be there to help them. ... My friend was planting in the garden and was found dead in the yard. A friend of hers came by and saw her then she called 911. That friend of mine lived alone and did not live with her children.*

***She passed away and no one knew....”***

*“I sometime visit my relative at a nursing home who has **memory loss** and that person looks very naive like a kid. I feel so bad for them.”*

## Results

Table 1. Participant Characteristics

	Vietnamese (n=10)	Korean (n=10)	Latino (n=10)
Age (median)	71	75	69
Gender (female)	6	8	9
Education (high school or above)	N/A*	10	N/A*
Living status:*			
Alone	2	1	0
with child & spouse	0	0	1
with spouse	2	9	1
with child	2	0	2
with other(s)	2	0	3
Years living in US	21 (7-41)	36 (20-51)	30 (17-46)
Health Insurance (Yes)*	9	10	5
Comorbidity (more than 2 chronic diseases)	7	6	6
English Proficiency (1=Cannot speak English, 5=Excellent)	2.1 (1-3)	2.9 (2-5)	1.8 (1-3)

\*Limited demographic information is available in Latino elder group. N/A not available.

## THEMES

### Perception of Health

- Absence of physical illness
- Absence of mental illness
- Spiritual wellness
- Ability to maintain daily routines
- Social support
- Independence

### Challenges with Aging

- Isolation and loneliness
- Decline in health
- Memory loss
- Mistreatment by family member
- Financial stress
- Loss of self worth and dignity
- Loss of independence

### Community Services

- Sources of support including family, friends, faith-based and ethnic specific service agencies, and local senior centers
- Expanding services such as financial support, transportation service, home assistance, low-income housing, senior centers, adult day care, or assisted living communities.

### US Healthcare Experiences

- Positive experiences (e.g., thankful to have access to free, routine medical care and screenings)
- Negative experiences (e.g., long waiting, feeling rushed and disrespected during visits)
- Alternative medicine use (e.g., acupuncture and herbal medicine)
- Awareness of routine care (e.g., screening, flu shot)
- Cultural competency (e.g., Provider should be more friendly so that patients can be more comfortable to have open discussion on medical concerns and mental health issues.)
- Suggestions for improvement in the U.S. Healthcare (e.g., training healthcare providers more on geriatric problems, language specific health information, network/collaboration/partnership between hospitals and communities)

## Results

### Similar Findings among Ethnic Groups

- Interviews across the three ethnic groups were similar with few differences.
- Health was defined as the absence of physical and or mental illness, being independent, and having the ability to carry out chores and socializing with friends.
- Participants expressed concerns that they felt isolated, lonely, and undignified.
- Many experienced financial stress.
- Most said they received support from family, church, or a local ethnic-specific service agency.
- An important theme was that as ethnically diverse older adults they wanted to receive services specific to their culture or language, including foods and caregiving.

### Expressed Differences across Ethnic Groups

- One major difference across ethnicity was the frequent expression of religious beliefs by the Latino participants.
- Many Vietnamese participants mentioned their appreciation of free healthcare services.
- Some Korean participants expressed concerns about the delay of referral to specialty care.

## Conclusion

- Findings highlight areas of strength as well as some key challenges in the current health care system when it comes to meeting the needs of ethnically diverse older adults.
- Results have been used to develop educational programs for the geriatric workforce and healthcare professionals, thereby contributing to a culturally responsive and compassionate healthcare system for diverse ethnic minorities.

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